STATE OF SOUTH CAROLINA				) <b>\</b>		2/4734 BEFORE THE	
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo				) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA )			
Application for Class C Charter Bus Certificate			) TRANSPORTATION COVER SHEET				
		Date: Time:	10 / 1	L <u>If</u> this is you have a Dock	MB r firs et Ni ith th	et time filing an application with the PSC, you will not camber. The Commission will assign one to you. If you are Commission before, a Docket Number was assigned	
	se type or print) mitted by:	Cee & Dee Motorcoach &	Tours, LP	Telephon	e:	770-860-0890	
Address:		3663 Cape Lane Conyers, GA 30013		Fax: Other: Email:			
as rec	NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.						
		NATUR	E OF ACTION	(Check all	tha	t apply)	
	Application -	- Class C Taxi				Request to Amend Scope of Authority	
	Application -	- Class C Charter	RECEI	VED		Request to Amend Tariff (rate increase, etc.)	
	Application -	- Class C Charter Bus	MAY 14	2009		Request to Amend Passenger Limit	
	Application -	- Class C Non-Emergency	PSC SC			Request	
	Application -	- Class E Household Goods	DOCKETING	DEPT.		Exhibit	
	Application -	- Class E Hazardous Waste		+		Late-Filed Exhibit	
	Application					Letter	
	Request for I	Extension to Comply with Orde	er			Proposed Order	
	Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded			of		Publisher's Affidavit	
	Request for C	Cancellation of Certificate		ļ		Reservation Letter	
	Request for S	Suspension				Response	
<u> </u> .	Request for I	Reinstatement				Return to Petition	
	Request for N	Name Change on Certificate				Other:	
						$Q_{i,i}$	

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLIN

DOCKETING DEPARTMENT 101 Executive Center Drive Columbia, SC 29210

MAY 14 2009

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

PSC SC DOCKETING DEPT.

**OFFICE # (803) 896-5100** 

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FAX # (803) 896-5199

CLASS C – CHARTER BUS

## APPLICATION FOR CLASS C-CHARTER BUS CERTIFICATE

Application is hereby made for a Class C-Charter Bus Certificate.

1. C	Name under which business is to be conducted (corporation, partnership, or solo proprietorship, with or without trade name.)  ee. + Dee Motor Cacal atoms, LP
2.	(a) Street Address of Applicant 3663 Cape Lane Conyers, Ga 30013
	(b) Mailing address, if different from street address Same
·	(c) Telephone Number 770 - 840-0890 Fed ID#.
3.	If incorporated, a copy of Articles of Incorporation must be attached.(If incorpo

4. (a) If a partnership, names and addresses of all persons having an interest in the business.

outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

- (b) If a corporation, names and addresses of two principal officers will be sufficient.
  - 5. The proposed list of equipment is as per Exhibit "D" included herewith.
  - 6. Applicant is familiar with the provision of R. 103-170 through R. 103-181 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety 's Rules and Regulations for Motor Carriers (Vol.23A, S.C. code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

Feb. 21. 2007 1:06PM

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#### Certificate of Limited Partnership

Of

Ceo & Dee Motorcoach and Tours, L.P.

The name of the limited partnership is Cee & Dee Motorcoach and Tours, L.P.

The street address of the registered office is 3663 Cape Lane, Conyers, Georgia 30013, in Rockdale County. The registered agent at such address is Ronnie Chamberlain.

The name and address of each general partner is:

Ronnle Chamberlain 3663 Cape Lame

Conyers, Ga 30013

**Dorothy Davis** 3663 Cape Lane

Conyers, Ga 30013

Alax Buts

103 Timothy Lane Bethlehem, Ga 30670

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Limited Partnership.

3th day of February 2007 Kannes

HOISIVIO SHOITARDGROG . .

AE E G121 B31001

STATE TO YAATSASSE

State of Georgia Expecte Creation - Domestic Entity 2 Page(9)



Control No: 07012723
Date Filed: 05/30/2008 12:00 AM
Karen C Handel
Secretary of State

Amendment of Certificate

Form 14-9-202

Control No.: 07012723

2008 HAY 30 PM 4: 35

SECRETARY OF STATE CORPORATIONS DIVISION

- 1. Name of limited partnership: Cee & Dee Motorcoach and Tours, LP
- 2. Date of filing certificate of Limited Partnership: 02/12/2007
- 3. Amendment to the certificate:
  - (a) Delete General Partner: Alax Butts, 103 Timothy Lane, Bethlehem, Ga 30670
  - (b) Change Title of General Partner: Dorothy Davis, 3663 Cape Ln, Conyers Ga 30013

New Title:

Secretary/General Partner

4. Effective date of changes: 5/22/2008

If you have any questions please feel free to call me at 770-860-0890 or fax # 770-860-0891

Cee & Dee Motorcoach and Tours, Lp 3663 Cape Lane Conyers, Ga 30013

State of Georgia



Pare: 5.30.08 Rosser Chamberlow Prisident (CEO

### EXHIBIT D

# STATE OF SOUTH CAROLINA PUBLIC SERVICE COMMISSION

## DESCRIPTION OF EQUIPMENT

MAKE	MODEL &. YEAR	VIN #		WEIGHT EMPTY	CARRYING CAPACITY *
-	12 1993	****	RCMTATER		47
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		••			
* Seats if pa	ssenger carrier		and the second second		
•			Cee 4 De (Applicant)	e Motor	Cook
Date: <u>5</u> -	-13-09		Dorothy (Applicant's Represe	Dezvi S entative)	
			(Title)	Managor	

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. The transfer manning direct is 101:
Cee & Dem Motorcoach and Tours, LP
(Name of Motor Carrier)
3663 Cape Lane, Conyers, GA 30013
(Address of Motor Carrier)
Amount of Premium:
Liability Insurance \$9,951. (\$5,000,000 CSL)
The above quoted premium is for a term of 12 months.
Minimum Limits: 16 or more passengers - 25,000/300,000/25,000 (Intrastute Only)
Lancer Insurance Company
(Insurance Company Name)
P.O. Box 9004, Long Beach, NY 11561-9004
(Home Office Address of Company)
s familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote authorized by the South Carolina Department of Insurance to do business in South Carolina.  5/13/2009  Date  (Authorized Insurance Company Representative)

Rev 5/07

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Cee & Dee Motor Coool and Town, LP

(Applicant's name)

#### SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- Has in place a system and an individual responsible for ensuring overall compliance with FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHE	CK THE APPROPRIATE BOX
YES ·	NOT APPLICABLE

**EXEMPT APPLICANTS** - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHE	CK THE APPROPRIATE BOX
YES	NOT APPLICABLE

#### APPLICANT'S OATH

I, Down Dwis, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Signature of Applicant
(Not Legal Representative)

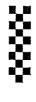
Paus

Notary Public

Sworn to before me

## EXHIBIT FWA

<u>Name</u>	:: Cee + Dee Motocoach and Tours LP
<u>U.S.D</u>	O.T. No. 1601890 ICC No.
1.	Does Applicant have a Safety Rating from the U.S.D.O.T.?
	YesNoPending X (Submit when received) (If "yes", indicate rating and provide copy)  Satisfactory Conditional Unsatisfactory
2.	Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?
	YesNo
3.	Are there currently any outstanding judgement(s) against Applicant?
•	Yes No (If "yes", indicate nature of judgement(s).
4.	Is Applicant familiar with all insurance regulations and safety regulations, governing charter bus carrier operations in South Carolina and does applicant agree to operate in compliance with thes regulations?
	YesNo
5.	Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
	YesNo
	APPLICANT'S OATH
uthoriz Record misstate granted	verify under the laws of the State of South Carolina, that all information on this form or relating to this application is true and conject. Further I certify that I am qualified and red to file this application. I certify that all vehicles owned and/or operated by the applicant have current Of Annual Inspection forms on file at the company's primary place of business. I am aware that willful aments or omissions of material facts may constitute grounds for revocation of any certificate that may be to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South a law. (Note: This oath embraces all schedules and supplemental filings to this application.)
it BC	Applicants Signature)



To: Public Suc Commission of South Carolina
803-896-5199

from: Cee + Dee Mobroad 770-860-0890

RE; Charter Bus Certificate

8 pages

MAY 13 2009
DOCKETING DEPT